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PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/802,469
Filing Date	03/09/2001
First Named Inventor	David Cortis
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	5040/00002

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: **Applicant has instructed us to cease work on the case;
and will select new counsel in New York City - which to date has not been done.**1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:**CORRESPONDENCE ADDRESS**☐ Customer Number

OR

Place Customer Number
Bar Code Label here☒ Firm or
Individual Name**David Cortis - President**

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212-260-4971☒ This request is made on behalf of myself and☒ all the attorneys/agents of record,☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name

Ernest V. Linek

Signature

Date

4/23/2002**NOTE: Withdrawal is effective when approved rather than when received.****Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
period for response or possible extension period, the request to withdraw is normally disapproved.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.